

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000012795

1. Entity Name
EAST SERVICE CLEANING INC.



Principal Place of Business
**1139 W. RUBY ST
LAKELAND, FL 33815 US**

Mailing Address
**1139 W. RUBY ST
LAKELAND, FL 33815 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0625458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOLANO, ISABEL J
1139 W. RUBY ST
LAKELAND, FL 33815**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**1100000391815
01/24/06-90055-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLANO, ISABEL J
STREET ADDRESS	1139 W. RUBY ST
CITY - ST - ZIP	LAKELAND, FL 33815
TITLE	VP
NAME	SOLANO, ISABEL
STREET ADDRESS	1139 W. RUBY ST
CITY - ST - ZIP	LAKELAND, FL 33815
TITLE	S
NAME	SOLANO, MARCOS
STREET ADDRESS	1139 W. RUBY ST
CITY - ST - ZIP	LAKELAND, FL 33815
TITLE	T
NAME	SOLANO, ISABEL J
STREET ADDRESS	1139 W. RUBY ST
CITY - ST - ZIP	LAKELAND, FL 33815
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Isabel Solano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #